

ENTRY BLANK**OUTSIDE CAGE**

PLEASE TYPE OR PRINT

Ms.
 Mr. Artist

Sally Lochridge

(Last Name Last)

DO NOT DETACHPermanent
Address

12718 CEDAR

Street

clev. Hts.

City

OH 44106

Zip

Daytime Tel. (216)

321-5301

Area Code

Temporary or
Studio Address

Street

City

(same as above)

Zip

Daytime Tel. ()

Area Code

If you do not presently live in one of the counties of the
Western Reserve, in which county were you born? *N/A*

Collaborator

N/A

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist at artist's expense
to this address: *Sally Lochridge*

Special InstructionsWhen necessary include below instructions or a drawing of how
the object is to be assembled and displayed.This Entry blank must be fully made out and signed. Unsigned
Entry Blanks will not be accepted.Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.It is also understood that accepted objects will remain on
exhibition until June 29, 1986.The submission of objects will be construed as an acceptance
by the artist of all terms and conditions printed in the
Entry Information.

Signature

*Sally Lochridge***DO NOT DETACH**

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

charcoal on BFK reeves

Title

"The right to choose"

Price or NFS

~~\$700~~Insurance Value
if NFS Only

Size

~~53" x 42"~~

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice of
Frame

ACCEPTED

~~X~~

REJECTED

DO NOT WRITE IN THIS SECTION

72

(2)

ACCEPTED

~~X~~

REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

DETACH

Materials

charcoal on BFK reeves

Title

untitled

Price or NFS

~~\$400~~Insurance Value
If NFS Only

Size

~~42" x 30"~~

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice of
Frame

ACCEPTED

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

~~X~~~~P.B~~~~4/12~~

1986 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Name

Sally Cochridge

Address

12718 CEDAR RD
Cleveland Heights, OH 44106

City & State

Zip

NOTIFICATION #2

DO NOT
DETACH**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

"The Right To Choose"

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
72	(2) X	

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

untitled

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
		X

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).